MATERNAL AND CHILD HEALTH ADVISORY BOARD
MINUTES
November 18, 2011
9:00 AM

BOARD MEMBERS PRESENT:
Candy Hunter, Public Health Nursing Supervisor, Washoe County Health District (WCHD)
Marsha Matsunaga-Kirgan, MD, University Medical Center (UMC), University of Nevada School of Medicine (UNSOM)
Bonnie Sorenson, RN, BSN, Southern Nevada Health District (SNHD)
Joy DeGuzman, MD
Marena Works, Director, Carson City Health and Human Services (CCHHS)
Amanda Spletter, Management Unit Interim Supervisor, Clark County Department of Family Services (CCDFS)
Kami Larsen, MD, FAAP
Tyree Davis, DDS, Nevada Health Centers (NHC)

BOARD MEMBERS NOT PRESENT
Jennifer Cunningham, Family Specialist
Senator Joseph Hardy
Assemblywoman Olivia Diaz

HEALTH DIVISION STAFF PRESENT:
Beth Handler, Women and Early Childhood Wellness Section Manager, Bureau of Child, Family & Community Wellness (BCFCW)
Deborah Aquino, Maternal and Child Health (MCH) Program Manager, BCFCW
Perry Smith, Maternal, Infant and Early Childhood Home Visiting (MIECHV) Program Manager, BCFCW
Theresa Bohannan, Epidemiologist, MCH, BCFCW
Janelle Mulvenon, Health Program Manager 3, Nevada Early Intervention Services (NEIS)
Martha Schott Bernius, Program Manager, NEIS
Jenni Carducci, Office Manager, BCFCW
Susan Buehrle, Administrative Assistant, BCFCW
Charles Lednicky, Biostatistician, BCFCW
InMee Gauper, Biostatistician, BCFCW
Cathy Robinson, MCH, BCFCW
Mary Pennington, Manager, Nevada Newborn Screening (NBS) Program, Congenital and Inherited Disorders/Early Hearing Detection and Intervention
Mary Wherry, Director, Public Health and Clinical Services

OTHERS PRESENT:
Judy Henderson, Nevada Network Against Domestic Violence
Melanie Kauffman, Executive Director, Family TIES of Nevada
Margarita De Santos, Nursing Supervisor, SNHD
Dr. John Martin, Nevada Section Chair for the American Congress of Obstetrics and Gynecology (ACOG)
Pam Beal, Executive Director, Southern Nevada Immunization and Health Coalition
Patricia Ellis, Social Work Supervisor, CCDFS
Melissa Krall, Director/Coordinator, Regional Emergency Medical Services Authority (REMSA), Safe Kids Washoe County
Lisa Lottritz, Public Health Nurse, Washoe County Health District (WCHD)

Myra Burnham, Program Manager, East Valley Family Services, Healthcare Hope
Lauren Dalton, Student Intern, WCHD

Candy Hunter opened the Maternal and Child Health Advisory Board (MCHAB) meeting at **9:25 a.m.** Ms. Hunter indicated the meeting was properly posted at the locations listed on the agenda in accordance with Nevada Open Meeting Law (NOML).

1. Roll Call of Board members and introduction of additional persons present
Introductions were made and a quorum was established.

2. Approval of the minutes from the August 19, 2011 meeting
Item #5, correction to the word 'family', should read families

MOTION: Tyree Davis moved to approve the minutes with corrections
SECOND: Kami Larsen
PASSED: UNANIMOUSLY

Melanie Kaufman brought to the attention of the Board additional corrections. Section #7, 2003 should read 2008 and Healthy Voices should read Family Voices.

MOTION: Dr. Davis moved to accept the additional corrections
SECOND: Marsha Matsunaga-Kirgan
PASSED: UNANIMOUSLY

3. Review and vote on expiring Board Member terms
Ms. Hunter stated there are some membership terms expiring in the coming months. She also stated her term as Chair and Bonnie Sorenson's term as Co-Chair have expired. If there is anyone interested in either seat, please contact Ms. Hunter or Deborah Aquino. Ms. Hunter stated if there were no other candidates, she would consider renewing for another term as Chair of the MCHAB.

4. Reports

- **Maternal and Child Health and Affiliated Nevada State Health Division (NSHD) Programs**

Ms. Aquino stated there is a new report included for the Maternal and Infant Health Program. Ms. Aquino shared the report, noting the Pregnancy Risk Assessment Monitoring System (PRAMS) project is coming to an end. By the end of December the final numbers, cleared and weighted, should be available so they can be analyzed and a report presented at the next MCHAB meeting.

5. Discussion, Requests and approval for the Board's support of new activities and initiatives from the Northern Nevada Maternal and Child Health (MCH) Coalition
Ms. Hunter reported, in August, Mike Johnson shared the Saint Mary's Community Assessment Tool and plans to return in 2012 to report the assessments findings. In September, the Coalition supported the Chronic Disease Coalition's Obesity conference, Mary Kay Altenburg presented "From Pediatric Care to Adult Healthcare: Preparing Young Patients with Special Health Care Needs for Transition to Adulthood?" in October. The Coalition is awaiting approval on a grant to hold a Women's Health Conference in July 2012. Leslie Cowger will conduct a survey regarding MCH membership. Finally, the Coalition continues to support Breastfeeding, SafeKids, preconception Health, text4baby, and the March of Dimes.

6. Discussion, Requests and approval for the Board's support of new activities and initiatives from the Southern Nevada Maternal and Child Health (MCH) Coalition

Margarita DeSantos stated the Coalition has not heard from the March of Dimes regarding the Community Award Application. The Coalition supported, in name only, the Breastfeeding Coalition's conference, "Early Breastfeeding Challenges" held on October 29, 2011. There were approximately 75 participants with topics on human milk banking, the Joint Commission's update on the Perinatal Care Core Measure Set, and the stages of lactation and jaundice. The Coalition is considering providing an annual conference for the community.

Childcare Health Consultants continue working with the Communities Putting Prevention to Work Grant, they are promoting the use of the Color Me Healthy Curriculum, which is a program developed by North Carolina State University (NCSU) for children 4 -5 years of age. The program promotes learning about nutrition and physical activity in Early Child Care Learning facilities. To date, 34 facilities, out of a two year goal of 75, have adopted policies for physical activity and nutrition.

Ms. DeSantos also stated during September and October the Southern Nevada Health District (SNHD) provided lead and/or hemoglobin screening to 524 children enrolled in Head Start. The SNHD MCH program, Special Projects and Nurse Family Partnership (NFP) teams have handed out 100 of the babyURmine cd's. Ms. DeSantos was asked to record a brief interview for the March of Dimes report card and premature birth for use by Univision for their Spanish speaking viewers. As of October 6, 2011 University Medical Center (UMC) reports that 342 breastfeeding bags had been provided to new mothers.

7. Discussion, Requests and approval for the Board's support of new activities and initiatives from the Southern Nevada Maternal and Child Health (MCH) Coalition

Pam Beal is the project lead for the grant received from the MCH Program. Ms. Beal stated the statewide coalition will provide support to the regional coalitions by assisting in building diversified membership, provide leadership development opportunities, coordinate the dissemination of appropriate and consistent statewide MCH messages and building the coalition communications capacity. Ms. Beal stated there are plans to hold a statewide meeting February 10, 2012 which will bring the northern and southern coalitions together.

Ms. Hunter asked if the MCHAB priority areas are part of the deliverables for the scope of work for the statewide coalition. Ms. Beal responded they are and more information will be given at the statewide meeting.

Ms. DeSantos asked if funding will be available through the statewide coalition or will they help the coalitions connect with funding opportunities. Ms. Beal stated it is the goal of the statewide coalition to assist with building sustainability by identifying and obtaining funding.

Ms. Hunter asked about hands on technical support, such as updating websites. Ms. Beal stated the statewide coalition will provide the infrastructure to support the coalitions. At the February meeting attendees will receive a document outlining the activities that have been proposed to MCH that will support the priority areas and projects currently being worked on. Ms. Beal stated another goal is to help increase growth and membership in the regional coalitions.

Ms. Beal stated a School Based Summit will be held at the School of Medicine in Reno on December 9, 2011, discussing school based health centers.

8. Presentation, discussion, and recommendations on the Nevada Maternal, Infant, and Early Childhood Home Visiting (MIECHV) Program

Perry Smith shared two success stories. The first story involved a teen that was homeless and had drug

problem, she had also been diagnosed with a mental health issue. She found herself pregnant and was referred to the Early Headstart Program. With assistance from the program, the teen was able to get a job and an apartment. She had received guidance and important information on caring for her infant. With continued support she continues to recover and be a successful parent. The second story involved a 25 year old first time mom. She had no high school diploma and no idea how to care for an infant. She found the Southern Nevada Nurse Family Partnership (NFP) Program and enrolled in the free program. She recently graduated from the program and has also passed the General Education Development (GED) test.

Mr. Smith stated the Home Visiting program is in the process of funding organizations and agencies that will provide home visiting services. They are currently working with the University of Nevada-Reno (UNR) Early Headstart Home Based Options, Sunrise Children's Foundation Early Headstart Home Based Options, Southern Nevada Health District (SNHD) and NFP to get contracts in place so funding is in place within the first quarter of 2012.

The Home Visiting Program is also working with the Yerington Paiute Tribe on their grant to implement a Federal Home Visiting Program within their tribe. The Yerington Paiute Tribe is the only Nevada tribe to implement a Home Visiting Program. Mr. Smith stated the state Home Visiting Program was involved with the project officer site visit for the Tribe and continues to help support their program.

Mr. Smith stated the program is involved in an ongoing needs assessment to identify additional at risk communities and assessing the capacity of those communities to implement evidence-based home visiting programs. The program is working on an online data management system to assist implementing agencies with data collection, data storage, data entry and the analysis of that data. Working with Nevada 211 to ensure implementing agencies have the resources available when referring families for services. Mr. Smith stated the program is putting together a resource list for community services, continues work on expanding the Home Visiting website, and reviewing is applications for the program coordinator position.

9. Nevada Early Intervention Services Updates

Mary Wherry provided the following program description and updates on Nevada Early Intervention Services (EIS). EIS is funded based on caseload and part of the budget calculation is to determine how much funding would be needed to serve the 0 – 3 years population with developmental delays. The caseload projections for the budget preparation period showed a funding shortage, however, during the middle of the legislative session new caseload projections were done and the numbers were expected to grow considerably. Even with that expectation, EIS had to decide how to serve all children with less funding. During the Legislative session a plan was voted on and approved that would serve children through the EIS statewide system and not in the private sector for therapy services in a clinic based model. The EIS staff has been diligently working to meet the budget expectation.

Over the years EIS had only served approximately 55% of children in a timely manner. One of the challenges is getting into wait list situations and maintain the current service delivery model, or do we revise the service delivery model and try to serve children in a timely manner, even if it means getting the parents to come into a clinical situation, this is our effort in getting parents to cost share for services provided. There are exceptions where therapy services would continue to be offered in the home. Ms. Wherry stated there is still no appetite to implement the regulatory authority to input a sliding scale fee to give parents more access to services. Many states are implementing a sliding scale fee, however Part C regulations do not allow us to require families to allow us to bill their insurance, which makes it difficult to collect additional revenue streams. Other states have stated, allow us to bill your insurance and we can collect from them, or we can charge you according to your family income level and the federal poverty level, as a fee for service.

In the past the perception with billing insurance at such an early age is parents didn't want to start hitting their maximum out of pocket expenses. Dr. Martin stated some insurances will only cover the physicians cost and not the extended costs. Large deductibles and high co-pays are also a factor.

The Legislature had all new dollars over the last two sessions that was obligated to the private sector. The Democratic Legislature is concerned about the state maintaining a role in the delivery of early intervention services, as the state serves as a safety net. The Republican Legislatures favors the concept of total privatization, and EIS has been striving to maintain a balance. There are currently four providers/community partners in Las Vegas and three in the Northwest. Unfortunately, there are no providers in the rural areas.

Ms. Wherry shared that she would like to see the state become service coordinators for all children who age out at age 3, so there would be continuity. The public and private sector would develop all initial Individualized Family Service Program (IFSP) and the service coordinator would participate in all future IFSP changes so there would still be over sight from the State. Ideally, the service coordinators would stay with children with special needs throughout their childhood to assure they don't fall through the cracks when they transition to the school district at the age of three.

Ms. Wherry stated the NEIS rate study is available on the NEIS website, http://health.nv.gov/BEIS.htm

Melanie Kauffman shared Family TIES is the Family to Family Health Information Center (FFHIC) for Children and Youth with Special Health Care Needs (CYSHCN) and works with NEIS through the referral process. Family TIES is available for input, or as a resource.

10. Presentation on the Cribs for Kids Program

Melissa Krall stated in April 1992, the American Academy of Pediatrics (AAP) recommended 'when being put down to sleep, infants should be positioned on their back or side.' In December 1996 that statement was revised to state 'back is best.' In October 2005, the AAP revised their statement to read, 'bed sharing is not recommended' and 'every caregiver should use the back sleep position during every sleep period for infants.' In November 2011 the AAP expanded its recommendation from focusing only on Sudden Infants Death Syndrome (SIDS) to focusing on a safe sleep environment that can reduce the risk of all sleep-related infant deaths, including SIDS.

In order for a diagnosis of SIDS to be given, there are three things that must occur. There must be an autopsy, an examination of the scene, and a review of case history. There has been a decline in infant deaths since the AAP had made the recommendation to put infants to sleep on their backs.

Primary risks for SIDS are smoking, not just prenatal smoking; and the environment of the infant sleeping on their tummies, sleeping with parents, and sleeping on soft bedding. The greatest risk for SIDS is sharing a sleep surface, not with just an adult but with siblings as well. The least risk for SIDS is sleeping in the same room, but in their own bed.

The AAP policy statement for safe sleep environment states:

- Back to sleep, for every sleep
- Use a firm sleep surface (The baby's crib should have a firm mattress, closely fitted to the sides of the crib, and a tight fitting sheet)
- Room sharing without bed-sharing is recommended
- Keep soft objects and loose bedding out of the crib
- Pregnant women should receive regular prenatal care
- Avoid smoke exposure during pregnancy and after birth

- Avoid alcohol and drug use during pregnancy and after birth
- Breastfeeding is recommended, then return baby to the crib
- Consider offering the baby a clean, dry pacifier at nighttime and naptime
- Avoid overheating. (One light cover, tucked at the bottom and sides of the crib, is enough)
- Infants should be immunized

Although SIDS is different from suffocation, all the measures we use for SIDS risk reduction also help to prevent accidental deaths such as positional asphyxia, overlay, and entrapment. There are 100% preventable deaths. Scotland Study showed of 123 SIDS deaths from 1996-2000, 13% (16 babies) were found in cribs or bassinets and 87% (107 babies) were found in unsafe sleep environments.

Components for the 'Cribs for Kids' Program include:

- Evidence based standardized materials
- National fundraising initiatives
- Crib distribution system
- Networking opportunities
- Ongoing support

Sleep related deaths in Nevada from 2007-2010 included 109 children under the age of 1. Factors involved in these deaths included:

- Not in crib/bassinette
- Not sleeping on back
- Unsafe bedding/toys
- Sleeping with other people
- Adult was drug/alcohol impaired
- Caregivers/Supervisors fell asleep while bottle feeding/breast feeding

Some circumstances of the deaths occurred because the child got wedged between people or objects, under a person or object, or tangled in an object.

Dr. Martin asked if the program is working with any of the hospitals, as they have discharge classes for new moms. Ms. Krall responded, they are working the two birthing hospitals in Reno, NV and their brochures are included in the pink packets that are distributed at the discharge classes.

11. Prenatal Epidemiology Presentation

Theresa Bohannan reported Nevada ranks 49th in the nation for prenatal care (PNC) in 2010, which is up from 50th in 2009. In 2010, 73.3% of pregnant women received PNC, compared to 2008. In 2008, 69.1% received adequate/adequate plus care, 13% received intermediate care and 17.9% received inadequate care.

Ms. Bohannan stated the objective in analyzing the data received is to determine the relationship, if any, between prenatal care and birth outcomes, determine any disparities, if any, that exist for race/ethnicity and in the future, determine what barriers exist in Nevada to accessing PNC. Some methods for collecting data included a literature search and review, utilizing 2010 birth certificate preliminary data and using SPSS 18 used to explore data. Results found from the 2010 birth certificate data showed 88% of women received PNC, 7.5% did not receive PNC and 4% was unknown. Data showed 53.8% started PNC in the 1st trimester, 17.9% in the 2nd trimester, 3.6% in the 3rd trimester, 15.8% received no care and 8.8% was unknown. The birth outcomes for women receiving PNC showed 91.3% were normal birth weight, 7% were low birth weight and 1.3% were very low birth weight. 10.6% of births were preterm, 86.3% were not preterm and 3.1% were reported as unknown.

Ms. Bohannan stated when factoring in race/ethnicity and PNC, Whites are 3.11 times more likely to receive care compared to African Americans, 2.83 times more than Hispanics, 1.44 times more than Asians and 2.14 times more likely than Native Americans.

When education is factored in, mother's with a bachelor's degree are 15.1 times more likely to receive care than those with an 8th grade education or lower, 5.25 times more likely than those with a high school diploma or GED and 2.44 times more likely than those with some college, but not a degree. There was no statistical significance with other degrees.

When age is a factor, mothers between the ages of 25-29 were 2.26 times more likely to receive care compared to mothers age 15-17, 1.92 times more likely than mothers age 18-19, and 1.41 times more likely than mothers age 20-24. Mothers between the ages of 30-34 were 1.15 times more likely to receive care than mothers age 25-29

The data showed women in Washoe County are 5.01 times more likely to receive care than those in Clark County and 5.45 times more likely than those in Elko County.

Noted risk factors showed mothers who received care were 3.18 times more likely to breastfeed. Mothers who were ever married were 3.07 times more likely to receive care. Mothers who did not receive care were 2.06 times more likely to use alcohol and mother not receiving care were 1.64 times more likely to use tobacco.

Ms. Bohannan stated the following conclusions from the gathered data; Nevada falls behind the nation in prenatal care; prenatal care in Nevada has a protective factor for various birth outcomes and other contributing factors; race/ethnicity, age and education impact PNC utilization; region plays a role in utilization of PNC and finally, further data analysis is needed to get a better picture of PNC.

12. Discussion on access to prenatal care and better birth outcomes

Dr. Martin stated the initiation PNC is very important to look at, as we often wonder why women aren't getting that initial care, as a large percentage have a pay source, be it private insurance or Medicaid. This is a group we can easily address; find out why they didn't seek care, what was the barrier? Most of the time we assume the barrier is no pay source.

Ms. DeSantos stated she has noticed that women will find out late in the pregnancy they qualify for Medicaid, and by then it is too late in the pregnancies that most physicians won't accept them as new patients.

Lisa Lottritz stated she has noticed if a woman doesn't have Medicaid prior to her pregnancy, she won't make that initial appointment for care because of the initial payment. Or she will make the appointment and cancel as the date draws closer because she can't pay.

Dr. Martin stated Washoe County has the Washoe Pregnancy Center that takes Medicaid patients. University Medical Center (UMC) in Las Vegas had a pregnancy center, however it closed its doors in 2010. Dr. Martin continued there are a lot more physicians in southern Nevada taking Medicaid and that may be where the largest disparity between north and south lies, still many physicians will not take on a patient in her 3rd trimester. Dr. Davis stated another issue in taking late term pregnancies is a high risk of problems occurring.

It was proposed since MCH now has an epidemiologist going back and doing a cost analysis on the costs of

not having presumptive eligibilities and the strain on the taxpayer. This analysis could show the lack of prenatal care contributes to a poor bottom line and the state would save money by thinking preventatively.

Ms. Aquino stated with PRAMS pilot, Baby Bears, we are hoping to learn how to better position the state for the next PRAMS funding round and to be prepared to implement the program.

Martha Schott-Bernius stated if studies are going to be conducted, look at all counties including the rural areas. She stated two of her employees went out of state for care, because even with private insurance the cost in Nevada was high.

Dr. DeGuzman stated Elko County has the highest teen pregnancy rate in the state and all clinics in Elko County do not provide PNC. Teens can qualify for Medicaid, but still cannot get care as most physicians will not accept Medicaid, and few will only take a limited number of Medicaid patients.

Ms. Bohannan asked with the Affordable Care Act (ACA) there are no charges for preventative care, is prenatal care not considered preventative care. Ms. Hunter stated it is not.

13. Board review and recommendation of existing subcommittees for continuation or sunset

- **Access to Prenatal Care**
- **Children and Youth With Special Health Care Needs**
- **Perinatal Substance Abuse Prevention**

Ms. Hunter led a discussion regarding the subcommittees. As there is no pressing need to continue the subcommittees it was recommended these subcommittees are sunsetted. Ms. Beal stated Access to Prenatal Care and Children and Youth With Special Health Care Needs are part of the scope of work for the Statewide MCH Coalition.

MOTION: Kami Larson motioned the subcommittees are sunsetted
SECOND: Amanda Spletter
PASSED: UNANIMOUSLY

14. Disscuss and approve next meeting dates and agenda items

Ms. Hunter reviewed with the Board members the recommended dates for the 2012 meeting dates. The following dates were agreed upon by the board members. February 24, 2012, May 18, 2012, August 17, 2012, and November 16, 2012. All meeting are scheduled 9:00 am – 12:00 pm, with videoconference in Carson City, Las Vegas and Elko. Teleconference options are also available.

Suggested agenda items include, election of new Chair and Co-chair, membership renewals, program reports, and updates from North, South and Statewide MCH Coalitions and discussion on adopting the AAP guidelines throughout Nevada.

15. Public Comment

No additional public comment.

Meeting was adjourned at **11:55 a.m.**